

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		
District of _____	ORIGINAL CERTIFICATE OF BIRTH		
Town of _____	State Index No. <u>171</u>		
or <u>Globe</u>	County Registrar No. <u>#4 213</u>		
City of _____	Local Registrar No. _____		
2. Full name of child <u>Lucy Anne</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____	
3. Sex of Child <u>F</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>4 26 23</u> Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Eliza Anne</u>		Full maiden name <u>Brenda Adley</u>	
9. Residence (Usual place of abode) <u>Globe, Ariz.</u>		15. Residence (Usual place of abode) <u>Globe, Ariz.</u>	
10. Color or race <u>W</u>		16. Color or race <u>W</u>	
11. Age at last birthday <u>36</u> (Years)		17. Age at last birthday <u>35</u> (Years)	
12. Birthplace (city or place) <u>Winnif</u> (State or country) <u>Texas</u>		18. Birthplace (city or place) <u>Oryas</u> (State or country)	
13. Occupation <u>Laborer</u> Nature of industry		19. Occupation <u>H. W.</u> Nature of industry	
20. Number of children of this mother (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>0</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7 P.</u> m. on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>G. E. Wrightman</u> (Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Globe, Ariz.</u>	
Month, day, year. _____		Filed <u>4-30</u> 19 <u>23</u>	
Registrar. _____		Filed <u>5-0</u> 19 <u>23</u> <u>B. J. Fox</u> Local Registrar.	
		County Registrar.	

335-426-718